



October 24, 2016

The Honorable Thad Cochran,
Chairman
Senate Appropriations Committee
United States Senate
Washington, DC 20510

The Honorable Barbara Mikulski,
Ranking Member
Senate Appropriations Committee
United States Senate
Washington, DC 20510

ALAMEDA COUNTY (OAKLAND)

BALTIMORE CITY

BOSTON

CHICAGO

CLEVELAND

DALLAS COUNTY

DENVER

DETROIT

FULTON COUNTY (ATLANTA)

HOUSTON

KANSAS CITY

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LOS ANGELES COUNTY

MARICOPA COUNTY (PHOENIX)

MIAMI-DADE COUNTY (MIAMI)

MINNEAPOLIS

MULTNOMAH COUNTY (PORTLAND)

NEW YORK CITY

PHILADELPHIA

SACRAMENTO

SAN ANTONIO

SAN DIEGO COUNTY

SAN FRANCISCO

SANTA CLARA COUNTY (SAN JOSE)

SEATTLE - KING COUNTY

SOUTHERN NV (LAS VEGAS)

TARRANT COUNTY (FORT WORTH)

WASHINGTON, D.C.

The Honorable Roy Blunt,
Chairman
Senate Appropriations Subcommittee
Labor, Health and Human Services
& Education
United States Senate
Washington, DC 20510

The Honorable Patty Murray,
Ranking Member
Senate Appropriations Subcommittee
Labor, Health and Human Services
& Education
United States Senate
Washington, DC 20510

Dear Chairmen Cochran and Blunt and Senators Mikulski and Murray:

On behalf of the Big Cities Health Coalition (BCHC), I write to encourage you to provide the highest possible funding for programs central to the public's health in a final FY2017 spending package. BCHC is comprised of the health officials leading 28 of the nation's largest metropolitan public health departments, which together represent more than 54 million – or one in six – Americans.

We so appreciate support in the House Labor, Health and Human Services (HHS), and Education Appropriations bill for programs at the Centers for Disease Control and Prevention (CDC). However, budget caps from sequestration have stifled many priorities important to protecting the public's health to be funded sufficiently. We urge you to act without delay to end sequestration and provide a balanced budget investing in these most critical services.

Thank you, also, for providing supplemental funding to address the Zika virus. Funding for Zika prevention, including sustained support for Epidemiology and Lab Capacity, Vector-Borne Disease Prevention, and Public Health Emergency Preparedness at CDC, needs to be provided to address this virus – and other emerging viruses – on a continuous basis.

BCHC members have prioritized the following programs for funding in FY2017.

Emergency Preparedness

CDC Public Health Emergency Preparedness

BCHC appreciates the \$705 million provided in the House Labor, HHS, and Education Appropriations bill for Public Health Emergency Preparedness (PHEP) grant program at CDC and urges this funding level to be adopted in the final spending package. More than 55% of local health departments rely solely on federal funding for emergency preparedness activities, and these awards have been cut by over 30% in the last decade.

PHEP grants strengthen local and state public health departments' capacity and capability to effectively plan for, respond to and recover from public health emergencies like terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. A sustained investment is needed to ensure health departments are prepared for all-hazards public health emergencies.

ASPR Medical Reserve Corps

BCHC urges your support in funding the Medical Reserve Corps (MRC) at the FY2014 level of \$11 million. MRC was created in 2002 after the terrorist attacks of 9/11 to establish a way for medical, public health, and other volunteers to address local health and preparedness needs. The program includes 200,000 volunteers enrolled in 1,000 units in all 50 states and territories. Two-thirds of MRC units are based in local health departments. MRC volunteers provide an important community service, both filling gaps in routine health services and responding in emergency situations.

Infectious Disease Prevention

CDC 317 Immunization Program

BCHC urges the inclusion of the Senate level of \$611 million for the program in a final spending package. The 317 Immunization Program funds 50 states, six large cities (Chicago, Houston, New York City, Philadelphia, San Antonio, and Washington, D.C.) and eight territories for vaccine purchase for at-need populations and immunization program operations, including support for implementing billing systems for immunization services at public health clinics to sustain high levels of vaccine coverage.

Immunizations continue to be one of the most cost-effective public health interventions. According to CDC, childhood vaccines saved 42,000 lives and prevented 20 million cases of disease with an estimated \$10.20 in savings for every \$1 invested.

CDC Core Infectious Diseases, including Antibiotic Resistance and Vector-Borne Diseases

BCHC supports the President's \$40 million increase for CDC's Antibiotic Resistance (AR) initiative and urges additional funding for the Core Infectious Disease (CID) Program, as well as to address vector-borne diseases, such as Zika, Chikungunya, Dengue, and West Nile. CID provides funding to 50 states and six cities to identify and monitor the occurrence of known infectious diseases, identify newly emerging infectious diseases, and identify and respond to outbreaks. CID includes funding to address AR, Emerging Infections, Healthcare-associated Infections, Infectious Disease Laboratories, High-consequence Pathogens, and Vector-borne Diseases.

Injury Prevention and Control

A comprehensive federal response is needed to the opioid epidemic causing needless deaths daily. Overdoses caused by opioids, both prescription drugs and heroin, take more than 70 lives a day. In the United States, 1 in 10 of people misusing prescription drugs will switch to heroin and over 435,000 Americans reported the use of heroin in 2014.

CDC Opioid Prescription Drug Overdose Prevention

BCHC strongly supports the \$98 million in funding in the Senate Labor, HHS, and Education Appropriations bill to build on state PDO prevention activities initiated in FY 2014–2015, expand grants to more states and provide expanded technical assistance to health departments as they grapple with this epidemic. It is critical that Congress ensure that state level resources reach local communities who are on the frontlines addressing this national crisis.

We also laud both the House and Senate for modifying the restrictions on federal funding to support syringe services programs. As our nation addresses the opioid addiction crisis, access to syringe services programs is essential in supporting the health of people who inject drugs and to curb transmission of HIV, viral hepatitis, and other blood-borne diseases.

Environmental Health

The crisis in Flint, MI and the daily outbreaks of foodborne illness have shown the importance of safeguarding environmental health, including the water we drink and food we eat. Local health departments are on the front lines of monitoring and identifying health threats and educating partners and the public on how to be safe.

BCHC supports restoration of funding for the CDC's Childhood Lead Poisoning program to the FY2010 level (\$35 million.) Lead poisoning still is a major public health threat in the U.S. today. Over half a million children have blood lead levels high enough to threaten their health. CDC funds 29 state and 6 city health departments to identify families with harmful exposure to lead, track incidence and causes, inspect homes and remove environmental threats, connect children with appropriate services and educate the public and health care providers. Lead poisoning in Flint, MI and other communities around the country underscores the need to tackle this continuing public health threat.

Public Health Capacity and Capabilities

Preventive Health and Health Services (PHHS) Block Grant

BCHC urges support for the \$160 million in funding for the PHHS Block Grant as included in the House and Senate Labor HHS, and Educations Appropriations Bills. The PHHS Block Grant is a vital source of funding for local public health departments to respond to local needs. This unique funding gives autonomy and flexibility to local communities, while still being held accountable for demonstrating the local, state, and national impact of this investment. BCHC continues to request support report language asking CDC to expand grantee reporting requirements to include the amount of money going into local communities.

HHS Prevention and Public Health Fund

BCHC urges your support in funding the Prevention and Public Health Fund (PPHF) at \$1 billion. PPHF is a mandatory investment in core public health programs such as immunization, chronic disease prevention, lead poisoning prevention, and early and rapid detection of diseases and injury. The PPHF also supports the *Tips from Former Smokers* media campaign, efforts to reduce healthcare acquired infections, and enhancing capacity of the public health workforce. BCHC urges you to allocate the PPHF again in FY2017.

As a final FY2017 spending package moves forward, BCHC urges consideration of these recommendations for programs that protect the public's health and safety. Please contact me (cjuliano@naccho.org) or Laura Hanen, Chief of NACCHO Government Affairs (lhansen@naccho.org), with any questions.

Sincerely,



Chrissie Juliano, MPP
Director, Big Cities Health Coalition